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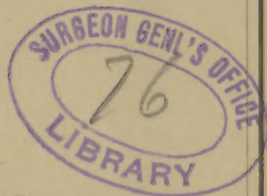
AMENORRHŒA

RESULTING FROM UNDEVELOPED UTERI.

REPORTED BY

WILLIAM H. BAKER, M. D.,

SENIOR ASSISTANT HOUSE-SURGEON NEW YORK STATE WOMAN'S HOSPITAL.



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THE HISTORY OF

THE CITY OF

NEW YORK

BY JAMES M. SMITH

NEW YORK

1854

CASES OF AMENORRHŒA RESULTING FROM UNDEVELOPED UTERI.

INSUFFICIENT attention has been directed to want of development of the uterus as a cause of amenorrhœa. This has been noted where there has been evidently an undeveloped state of the other organs connected with reproduction, but has been lost sight of, in a large number of cases, where there has existed the normal condition of the mammæ and the external organs of generation.

Galvanism, or electro-magnetism, applied as a direct stimulant to the development of the uterus, has but recently attracted the attention which it seems to deserve from the profession. A report of several cases, illustrating the relative advantage of these two kinds of electricity, will be found in the *Boston Medical and Surgical Journal*, for August 29, 1872.

The three additional cases given below have come under my observation in the New York State Woman's Hospital, where these agents have been used :

CASE I.—*Service of* Prof. E. R. PEASLEE. J. E. JANVRIN, M. D., *Assistant-Surgeon.*

The patient was unmarried, and twenty years old. The menses were very irregular, having occurred only six times; the flow was then very small, and accompanied by considerable pain. She was very anæmic and hysterical, but was well

developed in every particular except the uterus. There was some leucorrhœal discharge.

Upon examination *per vaginam*, the uterus was found in the natural position, the cervix was very small, and the os ulcerated. This latter condition accounted for the leucorrhœal discharge noticed above. The probe passed but one and a half inch to the fundus of the uterus.

The patient was at once put upon ferruginous tonics. The compound tincture of iodine was applied locally to the ulcerated surface of the cervix, which soon healed.

Sponge-tents were introduced into the cavity of the uterus from time to time for a month. At the end of this period, one of Thomas's galvanic intrauterine pessaries was introduced, which continued in position for another month, occasioning no special discomfort.

Her general health suffered from confinement to the hospital wards, and her anæmic condition increased, so that it was thought advisable for her to return home for a season, in order to regain, in a measure, her strength. The pessary was consequently removed.

After three weeks she returned much improved, and the same treatment was continued five weeks, until her discharge from the hospital, January 2, 1873. At this time, although the depth of the uterine cavity had increased to two and one-quarter inches, yet no menstrual flow had occurred.

The patient's general anæmic condition had, undoubtedly, much to do with the non-appearance of the menses. The amount of galvanic force generated by the stem-pessary may not, however, have been large enough to stimulate the development of the ovaries, and to produce the menstrual flow.

CASE II.—*Service of Prof. T. G. THOMAS. JAMES B. HUNTER, M. D., Assistant-Surgeon.*

The patient was nineteen years of age, and unmarried. The menses first appeared at fourteen, but they were never regular, occurring at long intervals, and continuing only a few hours. The amount of flow was very small. For five months preceding her entrance to the hospital, they had disappeared altogether, the molimen even not having been no-

ticed. She was a strong, healthy-looking girl. The mammae and external organs were well developed. The vagina was of normal size, but the uterus was undeveloped, yet in its natural position. The probe passed but one and seven-eighths inch to the fundus. The canal was perfectly free.

Four days after her entrance to the hospital, a sponge-tent was introduced, carried through the internal os to the fundus of the uterus. It was removed in twenty-four hours. This treatment was repeated each week for three successive weeks, when, in addition, a current of electricity from the secondary coil of an electro-magnetic battery was applied, strong enough to produce a decidedly prickling sensation. One electrode was placed upon the lumbar region of the spine; the other to the interior of the uterus. This application was continued for ten minutes. It was repeated three times a week during the patient's stay.

One month after her admission to the hospital, the flow came on, lasting only a few hours. It was quite natural in character. The depth of the cavity of the uterus was at this time two inches. The patient menstruated regularly after this date for the next three months, or until her discharge. The uterus had become fully developed, the probe passing into the uterine cavity two and a half inches.

CASE III.—*Service of Prof. T. G. THOMAS. JAMES B. HUNTER, M. D., Assistant-Surgeon.*

The patient, aged twenty-four years, entered the hospital October 24, 1872. She was unmarried, and menstruated first in her fourteenth year; was tolerably regular until fourteen, when, in an attack of severe sickness, the menses ceased. The nature of her sickness, which continued two and a half years, she does not remember. But, although she had enjoyed very good health since the termination of that period, the catamenial flow had not appeared. She had been accustomed to take much exercise, such as riding horseback, rowing, etc. She had a healthy appearance, but her whole manner was like that of a girl of seventeen. Her breasts were undeveloped; her external organs of generation nearly perfectly developed. The vagina was short, the cervix very small, and the uterus

slightly retroverted. The probe passed an inch and a quarter to the fundus of the uterus.

From October 27th to December 28th sponge-tents were introduced each week. Up to the latter date, very little, if any, change was noticeable, and no symptoms of menstruation appeared. Seven days later, one of Thomas's intrauterine galvanic pessaries was introduced, but it had to be removed in three days on account of an imperfection in the vaginal portion of the instrument, which produced pain.

January 16th.—A current of electricity from an electromagnetic battery was applied for ten minutes in the same manner as in Case II. Four days later some whitish discharge from the uterus, with symptoms of menstruation, appeared, and electricity was again applied as before, and a hot hip-bath and heat to the feet were ordered.

24th.—The discharge noted above, though slight in amount, continued four days, with very little or no pain.

From this time until March 18th, electricity was applied in the same manner as before, three times a week; and at the latter date the patient had some pain in her back and symptoms of menstruation.

March 24th.—She had no flow, but the uterus looked congested, and the measurement of the uterine cavity showed an increase of one-half an inch. After each application of electricity, the patient had slightly painful sensations in the region of the ovaries and in the breasts, coming on in paroxysms, and lasting more or less from one application to another.

April 12th.—Faradization of the uterus was continued three times a week, from the previous note. For several hours after the last two applications, the patient was very much depressed and exhausted, and had faint feelings, although the electricity was applied in precisely the same manner as before. At this date, for the first time in ten years, she had a natural flow from the uterus, although very slight in amount.

14th.—The menstrual flow continued all the day before, but stopped this day. A current of electricity from eighteen cells of Kidder's galvanic battery was applied, the positive electrode to the lumbar region of the spine, and the negative to the interior of the uterus. The current was continued

for four minutes, its course being occasionally reversed. For five hours after its application, the patient felt perfectly well. She was then suddenly taken with faintness, exhaustion, and had every indication of a great nervous shock. Stimulants were at once ordered. The flow began again immediately and continued twelve hours. Ovulation had evidently taken place.

19th.—The breasts were now quite well developed. The vagina had increased very much in length. The cervix was larger. The depth of the uterine cavity was two inches. The position of the organ was a little right-laterally flexed. The whole manner of the patient was very much more mature, and she was discharged cured, April 23d.

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